

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS14 JAN 11 PM 6:00
Office Use Only

1. NAME OF COMMITTEE (in full)
- TYPE OR PRINT ▼**
- Example: If typing, type over the lines.

12FE4M5

SUE LOWDEN FOR U S SENATE

ADDRESS (number and street) ▼

50 S Jones Blvd Suite 202

Check if different
than previously
reported. (ACC)

Las Vegas

NV

89107

- 2.
- FEC IDENTIFICATION NUMBER ▼**

C C00467761

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NV

00

- 4.
- TYPE OF REPORT**
- (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y
01 01 2010

through

M M / D D / Y Y Y Y Y
03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert T Beers

Signature of Treasurer

Robert T Beers

Date

M M / D D / Y Y Y Y Y
01 14 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

SUE LOWDEN FOR U S SENATE

Report Covering the Period: From: M M / D D / Y Y Y Y
01 01 2010To: M M / D D / Y Y Y Y
03 31 2010

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	, , 1960268.62	, , 0.00
(b) Total Contribution Refunds (from Line 20(d))	, , 675.00	, , 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, , 1959593.62	, , 0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, , 2998871.59	, , 0.00
(b) Total Offsets to Operating Expenditures (from Line 14)	, , 500.00	, , 0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, , 2998371.59	, , 0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	, , 209325.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , 1250000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

SUE LOWDEN FOR U S SENATE

Report Covering the Period: From: M M / D D / Y Y Y Y
01 01 2010

To: M M / D D / Y Y Y Y
03 31 2010

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1345578.64	0.00
(ii) Unitemized.....	585265.48	0.00
(iii) TOTAL of contributions from individuals ▶	1930844.12	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	24624.50	0.00
(d) The Candidate.....	4800.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1960268.62	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1250000.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1250000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	500.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	105.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3210873.62	0.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period		COLUMN B Election Cycle-to-Date	
17. OPERATING EXPENDITURES.....	,	2998871.59	,	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	,	0.00	,	0.00
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate.....	,	0.00	,	0.00
(b) Of All Other Loans	,	0.00	,	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	,	0.00	,	0.00
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees	,	675.00	,	0.00
(b) Political Party Committees.....	,	0.00	,	0.00
(c) Other Political Committees (such as PACs)	,	0.00	,	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	,	675.00	,	0.00
21. OTHER DISBURSEMENTS	,	2002.00	,	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	,	3001548.59	,	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	,	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	,	3210873.62
25. SUBTOTAL (add Line 23 and Line 24).....	,	3210873.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	,	3001548.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	,	209325.03

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 5 OF 17	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SUE LOWDEN FOR U S SENATE

Full Name (Last, First, Middle Initial) multiple contributions		Date of Receipt M M / D D / Y Y Y Y 03 31 2010
Mailing Address		Transaction ID : SA11AI.4645
City State Zip Code		Amount of Each Receipt this Period 1345578.64
FEC ID number of contributing federal political committee. C		contributions to date
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1345578.64	
Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional).....		1345578.64
TOTAL This Period (last page this line number only).....		1345578.64

14020013114

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
SUE LOWDEN FOR U S SENATE

Full Name (Last, First, Middle Initial) A. multiple contributions		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2010	
Mailing Address		Transaction ID : SA11C.4673	
City State Zip Code			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Occupation		, , . 24624.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . 1370133.14	
Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Occupation		, , .	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , .	
Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Occupation		, , .	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , .	
SUBTOTAL of Receipts This Page (optional)		, , . 24624.50	
TOTAL This Period (last page this line number only)		, , . 24624.50	

14020013115

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17
(check only one)
☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
SUE LOWDEN FOR U S SENATE

A. Full Name (Last, First, Middle Initial) SUE LOWDEN		Date of Receipt M M / D D / Y Y Y Y 01 01 2010	
Mailing Address 50 S Jones Blvd Ste 202		Transaction ID : SA11D.4665	
City LAS VEGAS	State NV	Zip Code 89146	Amount of Each Receipt this Period , , 4800.00
FEC ID number of contributing federal political committee. C S0NV00252			
Name of Employer Self	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 4800.00		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	, , .
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , .		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	, , .
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , .		
SUBTOTAL of Receipts This Page (optional).....		, , 4800.00	
TOTAL This Period (last page this line number only).....		, , 4800.00	

14020013116

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
SUE LOWDEN FOR U S SENATE

Full Name (Last, First, Middle Initial) SUE LOWDEN		Date of Receipt M M / D D / Y Y Y Y 03 31 2010
Mailing Address 50 S Jones Blvd Ste 202		Transaction ID : SA13A.4811
City LAS VEGAS	State NV Zip Code 89146	
FEC ID number of contributing federal political committee. C S0NV00252		Amount of Each Receipt this Period
Name of Employer Self	Occupation	, , .
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 1254800.00 , , .	1250000.00 , , .
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , .	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , .	
SUBTOTAL of Receipts This Page (optional)		, , 1250000.00 , , .
TOTAL This Period (last page this line number only)		, , 1250000.00 , , .

14020013117

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA13A

Transaction ID : SA13A.4811

(Current loan amount of 1250000.00 from a balance of 1250000.00 has been forgiven). Loan amount was from candidate and has been forgiven.

Form/Schedule:

Transaction ID:

14020013118

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 17
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
SUE LOWDEN FOR U S SENATE

Full Name (Last, First, Middle Initial) multiple contributions		Date of Receipt M M / D D / Y Y Y Y 03 31 2010
Mailing Address		Transaction ID : SA14.4648
City State Zip Code		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		total offsets to operating expenditures to date
Election Cycle-to-Date 1345403.64		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		500.00
TOTAL This Period (last page this line number only).....		500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 11 OF 17	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SUE LOWDEN FOR U S SENATE

Full Name (Last, First, Middle Initial) multiple contributions		Date of Receipt M M / D D / Y Y Y Y 03 31 2010	
Mailing Address		Transaction ID : SA15.4656	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		105.00	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1345508.64		
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional)		105.00	
TOTAL This Period (last page this line number only)		105.00	

14020013120

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

SUE LOWDEN FOR U S SENATE

Full Name (Last, First, Middle Initial)

A. multiple contributions

Date of Disbursement

M M / D D / Y Y Y Y
03 31 2010

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement
expenditures to date

1900989.96

Candidate Name

Transaction ID : SB17.4647

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. multiple contributions

Date of Disbursement

M M / D D / Y Y Y Y
03 31 2010

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

1097881.63

Candidate Name

Transaction ID : SB17.4671

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)..... 2998871.59

TOTAL This Period (last page this line number only)..... 2998871.59

14020013121

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

SUE LOWDEN FOR U S SENATE

Full Name (Last, First, Middle Initial)

A. multiple contributions

Mailing Address

City State Zip Code

Purpose of Disbursement
refunds to date

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
03 31 2010

Amount of Each Disbursement this Period

675.00

Transaction ID : SB20A.4646

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... 675.00

TOTAL This Period (last page this line number only)..... 675.00

14020013122

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

SUE LOWDEN FOR U S SENATE

Full Name (Last, First, Middle Initial)

A. multiple contributions

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 31 2010

Amount of Each Disbursement this Period

2002.00

Transaction ID : SB21.4657

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

2002.00

TOTAL This Period (last page this line number only)

2002.00

14020013123

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4811

SUE LOWDEN FOR U S SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

SUE LOWDEN

Election: 2010

☐ Primary

☐ General

☒ Other (specify) ▼

Mailing Address

50 S Jones Blvd Ste 202

City

State

ZIP Code

LAS VEGAS

NV

89146

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

, , 1250000.00

, , 0.00

, , 1250000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 / D 31 / Y 2010 M M / D D / Y Y Y Y

On demand

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

, , .

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

, , .

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

, , .

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

, , .

SUBTOTALS This Period This Page (optional)..... ▶

, , 1250000.00

TOTALS This Period (last page in this line only)..... ▶

, , 1250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4811

(Current loan amount of 1250000.00 from a balance of 1250000.00 has been forgiven). Loan amount was from candidate and has been forgiven.

Form/Schedule:

Transaction ID:

14020013125

SCHEDULE C-1 (FEC Form 3)**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) SUE LOWDEN FOR U S SENATE		Transaction ID : SC/10.4811.SC1	
		FEC IDENTIFICATION NUMBER C C00467761	
LENDING INSTITUTION (LENDER) Full Name Nevada State Bank		Amount of Loan <div style="text-align: right;">1250000.00</div>	
		Interest Rate (APR) <div style="text-align: right;">6.00 %</div>	
Mailing Address P.O. Box 990		Date Incurred or Established MM / DD / YYYY <div style="text-align: right;">10 / 01 / 2009</div>	
City Las Vegas	State NV	Zip Code 89125-0990	Date Due MM / DD / YYYY <div style="text-align: right;">2/14/2011</div>
		Back Ref SC/10.4811	
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If yes, date originally incurred MM / DD / YYYY <div style="text-align: right;">10 / 01 / 2009</div>	
B. If line of credit, Amount of this Draw: , , -		Total Outstanding Balance: , , -	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="text-align: right;">0.00</div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="text-align: right;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY <div style="text-align: right;">10 / 01 / 2009</div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Robert T Beers Signature _____		DATE MM / DD / YYYY <div style="text-align: right;">10 / 01 / 2009</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Dallas Haun Signature Dallas Haun		DATE MM / DD / YYYY <div style="text-align: right;">03 / 31 / 2010</div>	
		Title President	

14020013126

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

1-14-14

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

DH

DATE PREPARED

1-15-14

14020013127

14020013128

